

Board of Chiropractic Examiners

2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931
Telephone (916) 263-5355 FAX (916) 263-5369
CA Relay Service TT/TDD (800) 735-2929
Consumer Complaint Hotline (866) 543-1311
www.chiro.ca.gov



IMPORTANT NOTICE REGARDING LICENSURE IN CALIFORNIA THROUGH RECIPROCITY

Applicants seeking to obtain a chiropractic license through reciprocity from states that do not reciprocate with California **do not** qualify for licensure (California Code of Regulations §323 (d)). Please be advised that in these cases, application fees will be forfeited and application documents and any related files will be abandoned and purged from state records. ***Thus, individuals interested in reciprocal licensure in the State of California are urged to contact their state licensing board/s to verify reciprocity prior to commencing the application process.***

In order to apply for licensure through reciprocity, applicants must first request that a **Certification of Licensure and State Endorsement**, from the state in which they are licensed, be sent directly to the California Board of Chiropractic Examiners (Board); specifically, page two of the Endorsement **must be completed in full, signed and dated.**

The Certification of Licensure and State Endorsement form may be downloaded from the Board's website (www.chiro.ca.gov - Forms Link/Licensing Forms).

Live scan services for fingerprinting are offered only in California. The live scan form may be downloaded from the Board's website. Applicants residing in other states must use the standard fingerprint cards, which are furnished by the Board upon request.

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www.chiro.ca.gov**Application for Reciprocal License to Practice Chiropractic****Instructions**

Before you begin, be sure that you have read and understand the **IMPORTANT NOTICE** regarding licensure in California through reciprocity. **Without an Endorsement by the state from which you are reciprocating from, you do not qualify for reciprocal licensure.**

Please read the following pages of this document carefully. Complete this application and submit it to the Board along with the required attachments and a check or money order in the amount of **\$25.00**. This is a nonrefundable fee. An incomplete application, or one that does not result in licensure within one year from the date of receipt, is considered abandoned.

Items to Include:

The following items are required to complete your application for reciprocal licensure:

- [] Certification of Licensure and State Endorsement.
- [] Application form and fee.
- [] If you live out-of-state, you must submit rolled fingerprints on fingerprint cards along with a processing fee of **\$56.00**.
- [] Official transcript from each chiropractic college attended.
- [] Verification of Prechiropractic Hours form. (Must come directly from chiropractic college.)
- [] College certificate completed by chiropractic college registrar's office and a photocopy of your diploma.
- [] Official certification of licensure from any other state or province where you are or have been licensed showing status of the license, when it was issued, and commenting on disciplinary history.
- [] Examination results showing equivalent successful examination in each of the subjects examined in California in the same year as you were issued a license in the state from which you are applying.
- [] Current photograph attached to application form.
- [] National Board of Chiropractic Examiners (NBCE) official transcript of scores. *The transcript must be sent directly from the NBCE to the Board of Chiropractic Examiners.*

Application for Reciprocal License to Practice Chiropractic

Type or print clearly.

Personal Data

1. Name: _____
Last First Middle
2. List any other names you have used: _____
3. Address: _____
Number & Street City State Zip
4. Date of birth: ____/____/____ Place of birth: _____
5. Social Security Number: ____-____-____ Driver's license state & number: _____
6. Home telephone: (____) _____ 7. Work/office telephone: (____) _____
8. Are you a citizen of the United States ☐ Yes ☐ No *If no, please explain immigration status below.*

Educational Background

1. High school:

Name of school Location Date of graduation
2. Undergraduate schools attended:

Name of college or university Location

Name of college or university Location

Name of college or university Location

Name of college or university Location
3. Chiropractic college/s attended:

Name of chiropractic college Location Degree and date of graduation

Name of chiropractic college Location Date/s of attendance

License History

1. Have you ever been licensed to practice chiropractic in any state, province or territory?..... ☐ Yes ☐ No
If yes, name of state, province, or territory: _____
If yes, official verification of licensure and disciplinary status is required from each state, province or territory where you have been licensed.
2. Do you hold any other professional license in any state, province or territory?..... ☐ Yes ☐ No
If yes: Profession: _____ Lic. #: _____
State, province, or territory: _____
Has it ever been revoked or subject to discipline?..... ☐ Yes ☐ No
3. Have you ever been denied a license or similar privilege by a licensing agency or been

- denied the opportunity to take a licensing examination?.....[] Yes [] No
4. Has any license entitling you to practice in any state, province, or territory, been suspended or revoked?..... [] Yes [] No
5. Have you ever been convicted or pled guilty or pled nolo contendere to any criminal charge of any law of any state, the United States, or foreign country? (You may omit minor traffic violations.) Any violations involving the use of alcohol or drugs must be reported. You must report all convictions regardless of any subsequent order under Penal Code section 1203.4.....[] Yes [] No
6. Have you at any time practiced chiropractic without a license or were you ever convicted for practicing chiropractic without a license?..... [] Yes [] No
7. Were you ever convicted of practicing medicine without a license?.....[] Yes [] No

If you answered yes to any of questions 2 through 7, please attach a written explanation.

Special Accommodations for Testing

1. Do you have a disability or impairment for which you may need assistance during the written California Law & Professional Practice Examination?..... [] Yes [] No

If yes, answer the remaining questions in this section.

2. Check all conditions which apply to you:
- | | |
|---|---|
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Visually impaired, but not blind | <input type="checkbox"/> Psychological disability |
3. Did you receive special accommodations in order to enter a chiropractic college?.....[] Yes [] No
4. In chiropractic college:
- Were you in a special program?..... [] Yes [] No
- Did you receive special accommodations for classroom tests?.....[] Yes [] No
- Did you generally receive extra time for classroom tests?.....[] Yes [] No
5. In the space provided below, describe the nature of your disability and the accommodations you are requesting:
6. Attach the following:
- Current documentation from a doctor, psychologist, psychiatrist, or other appropriate professional certifying your disability.
 - Documentation of the special services and testing accommodations received in Chiropractic College due to your disability.

Photograph and Personal Identification

Attach a current photograph of yourself in the space provided. It may be no more than six (6) months old.

Attach professional full-face
photograph here.
It should be no larger than 2
square inches.

Hair color: _____

Eye color: _____

Height: _____

Weight: _____

Affidavit

I certify under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct and that the attached photograph is a true likeness of myself.

Signature of Applicant

Date

Physical marks, scars, or tattoos:

Notice

Section 5 of the Chiropractic Initiative Act of California and Sections 331.12.1 and 331.12.2 of Article 4 of Title 16, California Code of Regulations require that the Board of Chiropractic Examiners request the information on this application. Failure to provide the information is sufficient reason for the Board to reject the application as incomplete and deny licensure.

The information you provide, unless kept confidential by law or exempted under the Information Practices Act, will become public record and may be shared with attorneys and law enforcement agencies which assist the Board in enforcing the laws and regulations pertaining to the practice of chiropractic in California. Subject to the provisions of the Information Practices Act, you may review or obtain copies of information contained in your records from the Board's office.

Disclosure of your U.S. Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, your application for licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

09RA-3Recip (Rev. 05/07)